



# CG-APT ANNUAL PULL TAB APPLICATION FOR FIRST TIME APPLICANTS

State Form XXXXX

INDIANA GAMING COMMISSION

For Official Use Only

License Fee Paid \_\_\_\_\_

Date Received \_\_\_\_\_

Reviewed By \_\_\_\_\_

Date Entered \_\_\_\_\_

**INSTRUCTIONS:** Processing of this application can take up to 120 days. Attach license fee.

1. Name of Organization (Please type or print)				2. Email Address	
3. Previous Name of Organization (If name changed)				4. Federal Identification Number (FID)	
5. Street Address of Principal Office (As it appears on the Charity Gaming Qualification Application, Form CG-QA)					
6. Business Hours					
City	State	Zip Code	County	Daytime Telephone Number ( )	
7. Street address of the facility where the event will be conducted				Doing Business As (DBA)	
City	State	Zip Code	County	Daytime Telephone Number ( )	

## Lease/Donation Information

**INSTRUCTIONS:** Attach additional sheets if necessary to supply all information for each line.

8. Does your organization own \_\_\_\_\_, lease (rent) \_\_\_\_\_, or use a donated \_\_\_\_\_ facility where the licensed event will be conducted? (Check one)  
• **If leased (rented) or donated**, enter name and address of lessor or donor and attach a copy of your signed lease or donation agreement.

Name of Lessor/Donor (Full legal name)			Address		
City	State	Zip Code	County	Daytime Telephone Number ( )	

9. Is any tangible personal property (i.e. tables, chairs, etc.) or gaming equipment/device being leased or donated to you for this event? Yes ☐ No ☐  
If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement.

**Note: Gaming equipment/device must originate from a licensed distributor and/or manufacturer.**

Name	Address	City	State	Zip Code
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## Manufacturer and Distributor Information

10. List the manufacturer(s) and/or distributor(s) you intend to purchase licensed supplies from.  
Attach additional sheets if necessary.

Name	Address	City	State	Zip Code	Items

11. Does your organization own their equipment or devices?  
If so, list the distributor/manufacturer's name, date of purchase, purchase price, and type of equipment/device purchased.

Name of Distributor/Manufacturer	Date of Purchase	Purchase Price	Type of Equipment/Device

### Operator Information

12. List below at least three (3) operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event. Attach additional sheets if necessary. Please type or print.

Full Legal Name	Home Address Street, City, State, Zip Code	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Mos./Years with Organization	Check appropriate box
				(    )		employee member <input type="checkbox"/>
				(    )		employee member <input type="checkbox"/>
				(    )		employee member <input type="checkbox"/>

13. Please list the name from above of the principal operator who has overall responsibility for the operation and control of this charity gaming event. Please type or print.      **X** \_\_\_\_\_

Name

Daytime Telephone Number

14. Are any of the operators listed above also operators for another organization's charitable gaming events? Yes ☐ No ☐ If yes, list each individual's name, name of organization, and the month(s) that they will operate other gaming events. Attach additional sheets if necessary.

### Worker Information

15. List **all** individuals (*excluding operator information above*) who will assist and work in the operation of the licensed event. Attach additional sheets if necessary. Please type or print.

Full Legal Name	Home Address Street, City, State, Zip Code	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Mos./Years with Organization	Check appropriate box
				(    )		employee member <input type="checkbox"/>
				(    )		employee member <input type="checkbox"/>
				(    )		employee member <input type="checkbox"/>
				(    )		employee member <input type="checkbox"/>
				(    )		employee member <input type="checkbox"/>
				(    )		employee member <input type="checkbox"/>

16. Have any operators or workers listed on lines 12 and 15, or on any attachments, been convicted of a felony within the past 10 years in any jurisdiction?

Yes ☐ No ☐ If you answered Yes, list each name, type and date of conviction, and jurisdiction/court. Attach additional sheets if necessary.

### Gross Retail Sales Information

17. Will you be conducting any type of retail sales during the licensed event (i.e. accessories, concessions, etc.)? (*Check one*)      Yes\* ☐ No ☐

\*If you answered "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided.

Name of organization offering the sales	Retail Merchant Certificate Number
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18. Which of the following will your organization be receiving? (*Check one*)

\_\_\_\_\_ All of the retail sales income      \_\_\_\_\_ A flat fee retail sales payment

\_\_\_\_\_ A percentage of the retail sales income      \_\_\_\_\_ Other (*explain*) \_\_\_\_\_

### Financial Information

19. Where will the charity gaming financial records be maintained?

Address

City

State

Zip Code

20. Name, address, and telephone number of the person maintaining these records.

Name

Address

City

State

Zip Code

Daytime Telephone Number  
(     )

21. List the organization's separate and segregated charity gaming checking account information. *(Attach additional sheets if necessary.)*

Name of Bank

Street Address

City

State

Zip Code

Name of Separate and Segregated Charity Gaming Checking Account

Account Number

### License Fee Information

22. The license fee for an organization's first Annual Pull Tab License is \$50.00 and must be paid with this application. The fee should be paid by a check drawn from your separate and segregated charity gaming checking account. Make your check payable to: **Indiana Gaming Commission.**

### Certification

23. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

\_\_\_\_\_  
Signature of Presiding Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Date

**Send this application and \$50.00 fee to:**  
Indiana Gaming Commission  
Charity Gaming Division  
101 W. Washington St., East Tower, Suite 1600  
Indianapolis, IN 46204  
Phone: (317) 232-4646